
State:	District of Columbia	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other		
Product Name:	Wiley Rein CSF		
Project Name/Number:	/		

Filing at a Glance

Company:	UnitedHealthcare Insurance Company
Product Name:	Wiley Rein CSF
State:	District of Columbia
TOI:	H21 Health - Other
Sub-TOI:	H21.000 Health - Other
Filing Type:	Form
Date Submitted:	12/16/2019
SERFF Tr Num:	UHLC-132190765
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	SBN19.AMD.CROSS-ACCUM.I.2018.DC
Implementation	On Approval
Date Requested:	
Author(s):	Esther Drew
Reviewer(s):	Colin Johnson (primary), RaShaunda Benson
Disposition Date:	
Disposition Status:	
Implementation Date:	

State: District of Columbia
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: Wiley Rein CSF
Project Name/Number: /

Filing Company: UnitedHealthcare Insurance Company

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 12/17/2019
State Status Changed: Deemer Date:
Created By: Esther Drew Submitted By: Esther Drew
Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

On behalf of UnitedHealthcare Insurance Company, I am submitting the enclosed Amendments for your Department's review and approval.

These Amendments will be used in conjunction with our approved 2018 COC series, approved under SERFF tracking number UHLC-131238944, and subsequently revised/approved under SERFF tracking number UHLC-131681244.

Company and Contact

Filing Contact Information

Esther Drew, esther_l_drew@uhc.com
4 Research Dr 203-447-4465 [Phone]
Shelton, CT 06484

Filing Company Information

UnitedHealthcare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
185 Asylum Street	Group Code: 707	Company Type: Life and Health
Hartford, CT 06103	Group Name:	State ID Number: 79413
(860) 702-5000 ext. [Phone]	FEIN Number: 36-2739571	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: District of Columbia
 TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
 Product Name: Wiley Rein CSF
 Project Name/Number: /

Filing Company: UnitedHealthcare Insurance Company

Form Schedule

Lead Form Number: SBN19.AMD.CROSS-ACCUM.I.2018.DC

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Cross Accumulation Amendment	SBN19.AMD.CROSS-ACCUM.I.2018.DC	CERA	Initial		40.400	Amend19-INS-2018-Cross Accum Amendment.pdf
2		Orthotics Amendment	Orthotic Devices.AMD19.I.18.DC	CERA	Initial		40.900	Amend19-INS-2018-Orthotics Amendment.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

Cross Accumulation Amendment

UnitedHealthcare Insurance Company

As described in this Amendment, the Policy is modified to amend the Annual Deductible and Out of Pocket Maximum.

Because this Amendment is part of a legal document (the group Policy), we want to give you information about the document that will help you understand it. Certain capitalized words have special meanings. We have defined these words in the *Certificate of Coverage (Certificate)* in *Section 9: Defined Terms*.

Schedule of Benefits

- The Annual Deductible section in the *Schedule of Benefits* is replaced with the provisions below:

Payment Term And Description	Amounts
Annual Deductible	
<p><i>[Annual deductible is plan design variable. Include applicable provisions to support the following:</i></p> <p>¹Annual deductible applies only to out-of-network benefits.</p> <p>²Outpatient Prescription Drug Rider is sold and the annual deductible applies to any combination of medical and RX benefits.</p> <p>³Outpatient Prescription Drug Rider with separate co-payments for preventive medications is sold and the annual deductible does not apply to preventive medications.</p> <p>⁴Outpatient Prescription Drug Rider is sold and when the annual deductible does not apply to insulin, diabetic supplies, or both. Change to address which are not subject to payment of the annual deductible.</p> <p>⁵Outpatient Prescription Drug Rider is sold and when the annual deductible does not apply to specific tiers for either all prescription drug products, or all prescription drug products except for specialty prescription drug products.</p> <p>⁶Outpatient Prescription Drug Rider is sold and when the annual deductible does not apply to specific tiers for specialty prescription drug products. Does not apply when option 5 above includes specialty prescription drug products.</p> <p>⁷Outpatient Prescription Drug Rider is sold, there is a deductible for designated and/or network benefits and the network and out-of-network amounts apply to the designated network and/or network annual deductible.</p> <p>⁸Include when Designated Network Benefits apply to any benefit category]</p> <p>The amount you pay for Covered Health Care Services per year before you are eligible to receive [¹Out-of-Network] Benefits. [²The Annual Deductible applies to Covered Health Care Services under the Policy as indicated in this <i>Schedule of</i></p>	<p>¹Include separate network and out-of-network headings and statements when annual deductible provision applies separately.]</p> <p>²Include when designated network benefits apply to any category and when the designated network and network deductible is combined.]</p> <p>³Include when designated network and network are separate.]</p> <p>[¹ Designated Network and Network] [² Designated Network]</p> <p>^A Non-embedded.]</p> <p>^B Embedded.]</p> <p>^A For single coverage, the Annual Deductible is \$[0 - 15,000] per Covered Person.</p> <p>If more than one person in a family is covered under the Policy, the single coverage Annual Deductible stated above does not apply. For family coverage, the family Annual Deductible is \$[0 - 45,000]. No one in the family is eligible to receive Benefits until the family Annual Deductible is satisfied.]</p> <p>^B \$[0 - 15,000] per Covered Person.]</p> <p>^B \$[0 - 15,000] per Covered Person, not to exceed \$[0 - 45,000] for all Covered Persons in a family.]</p> <p>[No Annual Deductible.]</p>

Benefits, including Covered Health Care Services provided under the *Outpatient Prescription Drug Rider*. [³Benefits for outpatient prescription drugs on the List of Preventive Medications are not subject to payment of the Annual Deductible.]] [⁴Benefits for [insulin] [diabetic supplies] [insulin and diabetic supplies] under the *Outpatient Prescription Drug Rider* are not subject to payment of the Annual Deductible.] [⁵Benefits for [Network] [and] [out-of-Network] [Tier 1] [,] [Tier 2], and Tier 3] outpatient prescription drugs[, including specialty outpatient prescription drugs] [, except for specialty outpatient prescription drugs] under the *Outpatient Prescription Drug Rider* are not subject to payment of the Annual Deductible.]] [⁶Benefits for [Network] [and] [out-of-Network] [Tier 1] [,] [Tier 2], and Tier 3] specialty outpatient prescription drugs under the *Outpatient Prescription Drug Rider* are not subject to payment of the Annual deductible.]] [⁷The Annual Deductible for [⁸Designated Network and] Network Benefits includes the amount you pay for both Network and Out-of-Network Benefits for outpatient prescription drugs provided under the *Outpatient Prescription Drug Rider*.]

Coupons: We may not permit certain coupons or offers from pharmaceutical manufacturers or an affiliate to apply to your Annual Deductible.

[Include applicable provisions to support the following:

⁷*Day/visit limits are reduced by the number of days/visit used toward meeting the deductible.*

⁸*Carry-over provision applies.*

⁹*Roll-over provision applies in any circumstance.*

¹⁰*Roll-over provision applies only to groups changing from calendar to policy year.* ¹¹*Include when roll-over applies only to the individual deductible.*

¹²*Include only when a per occurrence deductible applies.]*

[⁷Amounts paid toward the Annual Deductible for Covered Health Care Services that are subject to a visit or day limit will also be calculated against that maximum Benefit limit. As a result, the limited Benefit will be reduced by the number of days/visits used toward meeting the Annual Deductible.]

[⁸Any amount you pay for medical expenses in the last three months of the previous year that is applied to the previous Annual Deductible will be carried over and applied to the current Annual Deductible. This carry-over feature applies only to the individual Annual Deductible.]

[⁹When a Covered Person was previously covered under a group policy that was replaced by the group Policy, any amount already applied to that annual deductible provision of the prior policy will apply to the Annual Deductible provision under the Policy.]

[¹⁰When the Group changes from a calendar year to a Policy year plan, any amount you pay for medical expenses in the last three months of the previous calendar year that is applied

[⁸ Network]

[^A Non-embedded.]

[^B Embedded.]

[^A For single coverage, the Annual Deductible is \$[0 - 15,000] per Covered Person.

If more than one person in a family is covered under the Policy, the single coverage Annual Deductible stated above does not apply. For family coverage, the family Annual Deductible is \$[0 - 45,000]. No one in the family is eligible to receive Benefits until the family Annual Deductible is satisfied.]

[^B \$[0 - 15,000] per Covered Person.]

[^B \$[0 - 15,000] per Covered Person, not to exceed \$[0 - 45,000] for all Covered Persons in a family.]

[No Annual Deductible.]

[¹ Out-of-Network]

[^A Non-embedded.]

[^B Embedded.]

[^A For single coverage, the Annual Deductible is \$[0 - 30,000] per Covered Person.

If more than one person in a family is covered under the Policy, the single coverage Annual Deductible stated above does not apply. For family coverage, the family Annual Deductible is \$[0 - 60,000]. No one in the family is eligible to receive Benefits until the family Annual Deductible is satisfied.]

[\$[0 - 30,000] per Covered Person.]

[^B \$[0 - 30,000] per Covered Person, not to exceed \$[0 - 60,000] for all Covered Persons in a family.]

[No Annual Deductible.]

[⁴Include the combined network and out-of-network heading and statements when annual deductible provision applies separately to combined network and out-of-network benefits.

[⁵Include when designated network benefits apply to any category.]

[⁴ ⁵ Designated Network,] Network

<p>to the previous Annual Deductible, will be rolled over and applied to the current Policy year Annual Deductible. This roll-over feature applies only to the first Policy year. [¹¹This roll-over feature applies only to the individual Annual Deductible.]]</p> <p>The amount that is applied to the Annual Deductible is calculated on the basis of the Allowed Amount. The Annual Deductible does not include any amount that exceeds the Allowed Amount. Details about the way in which Allowed Amounts are determined appear at the end of the <i>Schedule of Benefits</i> table.</p> <p>[¹²The Annual Deductible does not include any applicable Per Occurrence Deductible.]</p> <p><i>[Applies when cross accumulation applies to Designated Network and Network Annual Deductible]</i></p> <p><i>[¹Applies for plan designs that allow Network services without a Designated Network Benefit level to be applied to the Designated Network Annual Deductible.]</i></p> <p>[Any amount that you pay for Covered Health Care Services that is applied to the Designated Network Annual Deductible will be applied to the Network Annual Deductible. Any amount you pay for Covered Health Care Services that is applied to the Network Annual Deductible will be applied to the Designated Network Annual Deductible. [¹In addition, any amount that you pay for Network Covered Health Care Services which do not have a Designated Network Benefit level will be applied to the Designated Network Annual Deductible.]]</p> <p>Any amount that you pay for Covered Health Care Services that is applied to the [Designated Network and] [Network] Annual Deductible will be applied to the Out-of-Network Annual Deductible. Any amount you pay for Covered Health Care Services that is applied to the Out-of-Network Annual Deductible will be applied to the [Designated Network and] [Network] Annual Deductible.</p>	<p>and Out-of-Network]</p> <p><i>[^A Non-embedded.]</i></p> <p><i>[^B Embedded.]</i></p> <p>[^A For single coverage, the Annual Deductible is \$[0 - 30,000] per Covered Person.</p> <p>If more than one person in a family is covered under the Policy, the single coverage Annual Deductible stated above does not apply. For family coverage, the family Annual Deductible is \$[0 - 60,000]. No one in the family is eligible to receive Benefits until the family Annual Deductible is satisfied.]</p> <p>[\$[0 - 30,000] per Covered Person.]</p> <p>[^B \$[0 - 30,000] per Covered Person, not to exceed \$[0 - 60,000] for all Covered Persons in a family.]</p>
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2. The Out-of-Pocket Limit section in the *Schedule of Benefits* is replaced with the provision below:

Out-of-Pocket Limit	
<p><i>[Out-of-pocket limit is plan design variable. Include applicable provisions to support the following:</i></p> <p>¹<i>Includes the annual deductible.</i></p> <p>²<i>Includes the per occurrence deductible.</i></p> <p>³<i>Includes co-payments.</i></p> <p>⁴<i>Outpatient Prescription Drug Rider is sold and the OOPLL applies to any combination of medical and RX benefits.</i></p> <p>⁵<i>Outpatient Prescription Drug Rider is sold, the OOPLL applies to designated and/or network benefits and the network and out-of-network amounts paid under the RX rider apply to the designated network and/or network OOPLOOPL.</i></p>	<p><i>[¹Include separate network and out-of-network headings and statements when OOPPL provision applies separately.]</i></p> <p><i>[²Include when designated network benefits apply to any category and when the designated network and network OOPPL is combined.]</i></p> <p><i>[³Include when designated network and network are separate.]</i></p> <p>[¹ ² Designated Network and] Network] [² Designated Network]</p> <p><i>[^A Non-embedded.]</i></p>

<p><i>⁶Include when Designated Network Benefits apply to any benefit category]</i></p> <p>The maximum you pay per year for [¹the Annual Deductible,] [²the Per Occurrence Deductible,] [³Co-payments] [¹⁻²⁻³or] Co-insurance. Once you reach the Out-of-Pocket Limit, Benefits are payable at 100% of Eligible Expenses during the rest of that year. [⁴The Out-of-Pocket Limit applies to Covered Health Care Services under the Policy as indicated in this <i>Schedule of Benefits</i>, including Covered Health Care Services provided under the <i>Outpatient Prescription Drug Rider</i>.] [⁵The Out-of-Pocket Limit for [⁶Designated Network and] Network Benefits includes the amount you pay for both Network and Out-of-Network Benefits for outpatient prescription drug products provided under the <i>Outpatient Prescription Drug Rider</i>.]</p> <p><i>[⁷Include when plan design does not apply all co-payments/co-insurance to the OOPL.]</i></p> <p>[⁷[Co-payments] [and] [Co-insurance] for some Covered Health Care Services will never apply to the Out-of-Pocket Limit and those Benefits will never be payable at 100% even when the Out-of-Pocket Limit is reached.] Details about the way in which Allowed Amounts are determined appear at the end of the <i>Schedule of Benefits</i> table.</p> <p>The Out-of-Pocket Limit does not include any of the following and, once the Out-of-Pocket Limit has been reached, you still will be required to pay the following:</p> <ul style="list-style-type: none"> Any charges for non-Covered Health Care Services. <p><i>⁸Include bullet if prior authorization requirements apply to any benefit category in the Schedule of Benefits table and if the plan design supports not applying penalties to the OOPL.]</i></p> <ul style="list-style-type: none"> ⁸The amount you are required to pay if you do not obtain prior authorization as required.] Charges that exceed Allowed Amounts. Co-payments or Co-insurance for any Covered Health Service shown in the <i>Schedule of Benefits</i> table that does not apply to the Out-of-Pocket Limit. <p><i>⁹Include when an Outpatient Prescription Drug Rider is sold and co-payments/co-insurance do not apply to the overall OOPL because they apply to the Annual Drug OOPL.]</i></p> <ul style="list-style-type: none"> ⁹Co-payments or Co-insurance for Covered Health Care Services provided under the <i>Outpatient Prescription Drug Rider</i>.] <p>Coupons: We may not permit certain coupons or offers from pharmaceutical manufacturers or an affiliate to apply to your Out-of-Pocket Limit.</p> <p><i>[Applies when cross accumulation applies to Designated Network and Network Out-of-Pocket Limit.]</i></p> <p><i>[¹Applies for plan designs that allow Network services without a Designated Network Benefit level to be applied to the</i></p>	<p><i>^B Embedded.]</i></p> <p>^A For single coverage, the Out-of-Pocket Limit is \$[0 - 45,000] per Covered Person.</p> <p>If more than one person in a family is covered under the Policy, the single coverage Out-of-Pocket Limit stated above does not apply. For family coverage, the family Out-of-Pocket Limit is \$[0 - 135,000].]</p> <p>^B \$[0 - 45,000] per Covered Person.]</p> <p>^B \$[0 - 45,000] per Covered Person, not to exceed \$[0 - 135,000] for all Covered Persons in a family.]</p> <p>[The Out-of-Pocket Limit includes the Annual Deductible.]</p> <p>[The Out-of-Pocket Limit does not include the Annual Deductible.]</p> <p>[The Out-of-Pocket Limit includes the Per Occurrence Deductible.]</p> <p>[The Out-of-Pocket Limit does not include the Per Occurrence Deductible.]</p> <p>[No Out-of-Pocket Limit.]</p> <p>^B Network]</p> <p><i>^A Non-embedded.]</i></p> <p><i>^B Embedded.]</i></p> <p>^A For single coverage, the Out-of-Pocket Limit is \$[0 - 45,000] per Covered Person.</p> <p>If more than one person in a family is covered under the Policy, the single coverage Out-of-Pocket Limit stated above does not apply. For family coverage, the family Out-of-Pocket Limit is \$[0 - 135,000].]</p> <p>^B \$[0 - 45,000] per Covered Person.]</p> <p>^B \$[0 - 45,000] per Covered Person, not to exceed \$[0 - 135,000] for all Covered Persons in a family.]</p> <p>[The Out-of-Pocket Limit includes the Annual Deductible.]</p> <p>[The Out-of-Pocket Limit does not include the Annual Deductible.]</p> <p>[The Out-of-Pocket Limit includes the Per Occurrence Deductible.]</p>
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<p><i>Designated Network Out-of-Pocket Limit.</i></p> <p>[Any amount that you pay for Covered Health Care Services that is applied to the Designated Network Out-of-Pocket Limit will be applied to the Network Out-of-Pocket Limit. Any amount you pay for Covered Health Care Services that is applied to the Network Out-of-Pocket Limit will be applied to the Designated Network Out-of-Pocket Limit. [¹In addition, any amount that you pay for Network Covered Health Care Services which do not have a Designated Network Benefit level will be applied to the Designated Network Out-of-Pocket Limit.]]</p> <p>Any amount that you pay for Covered Health Care Services that is applied to the [Designated Network and] [Network] Out-of-Pocket Limit will be applied to the Out-of-Network Out-of-Pocket Limit. Any amount you pay for Covered Health Care Services that is applied to the Out-of-Network Out-of-Pocket Limit will be applied to the [Designated Network and] [Network] Out-of-Pocket Limit.</p>	<p>[The Out-of-Pocket Limit does not include the Per Occurrence Deductible.]</p> <p>[No Out-of-Pocket Limit.]</p> <p>[¹ Out-of-Network]</p> <p><i>[^A Non-embedded.]</i></p> <p><i>[^B Embedded.]</i></p> <p>[^A For single coverage, the Out-of-Pocket Limit is \$[0 - 45,000] per Covered Person.</p> <p>If more than one person in a family is covered under the Policy, the single coverage Out-of-Pocket Limit stated above does not apply. For family coverage, the family Out-of-Pocket Limit is \$[0 - 135,000].]</p> <p>[^B \$[0 - 45,000] per Covered Person.]</p> <p>[^B \$[0 - 45,000] per Covered Person, not to exceed \$[0 - 135,000] for all Covered Persons in a family.]</p> <p>[The Out-of-Pocket Limit includes the Annual Deductible.]</p> <p>[The Out-of-Pocket Limit does not include the Annual Deductible.]</p> <p>[The Out-of-Pocket Limit includes the Per Occurrence Deductible.]</p> <p>[The Out-of-Pocket Limit does not include the Per Occurrence Deductible.]</p> <p>[No Out-of-Pocket Limit.]</p> <p><i>[⁴Include combined network and out-of-network heading and statements below when OOPL provision applies to combined network and out-of-network benefits and delete the separate "Network" and "Out-of-Network" provisions above.]</i></p> <p><i>[⁵Include when designated network benefits apply to any category.]</i></p> <p>[^A ⁵ Designated Network,] Network and Out-of-Network]</p> <p><i>^A Non-embedded.</i></p> <p><i>^B Embedded.</i></p> <p>[^A For single coverage, the Out-of-Pocket Limit is \$[0 - 45,000] per Covered Person.</p> <p>If more than one person in a family is</p>
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	<p>covered under the Policy, the single coverage Out-of-Pocket Limit stated above does not apply. For family coverage, the family Out-of-Pocket Limit is \$[0 - 135,000].]</p> <p>[\$[0 - 45,000] per Covered Person.]</p> <p>[^B \$[0 - 45,000] per Covered Person, not to exceed \$[0 - 135,000] for all Covered Persons in a family.]</p> <p>[The Out-of-Pocket Limit includes the Annual Deductible.]</p> <p>[The Out-of-Pocket Limit does not include the Annual Deductible.]</p> <p>[The Out-of-Pocket Limit includes the Per Occurrence Deductible.]</p> <p>[The Out-of-Pocket Limit does not include the Per Occurrence Deductible.]</p> <p>[No Out-of-Pocket Limit.]</p>
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Effective Date of this Amendment: [_____]

(Name and Title)

Orthotics Amendment

UnitedHealthcare Insurance Company

As described in this Amendment, the Policy is modified to provide additional Benefits for Orthotics.

Because this Amendment is part of a legal document (the group Policy), we want to give you information about the document that will help you understand it. Certain capitalized words have special meanings. We have defined these words in the *Certificate of Coverage (Certificate)* in *Section 9: Defined Terms*.

Section 1: Covered Health Care Services

The following provision is added to the Certificate, Section 1: Covered Health Care Services:

[#.] Durable Medical Equipment (DME), Orthotics and Supplies

Benefits are provided for DME and certain orthotics and supplies. If more than one item can meet your functional needs, Benefits are available only for the item that meets the minimum specifications for your needs. If you purchase an item that exceeds these minimum specifications, we will pay only the amount that we would have paid for the item that meets the minimum specifications, and you will be responsible for paying any difference in cost.

DME and Supplies

Examples of DME and supplies include:

- Equipment to help mobility, such as a standard wheelchair.
- A standard Hospital-type bed.
- Oxygen and the rental of equipment to administer oxygen (including tubing, connectors and masks).
- Negative pressure wound therapy pumps (wound vacuums).
- Mechanical equipment needed for the treatment of long term or sudden respiratory failure (except that air-conditioners, humidifiers, dehumidifiers, air purifiers and filters and personal comfort items are excluded from coverage).
- Burn garments.
- Insulin pumps and all related needed supplies as described under *Diabetes Services*.
- External cochlear devices and systems. Benefits for cochlear implantation are provided under the applicable medical/surgical Benefit categories in this *Certificate*.

Benefits include lymphedema stockings for the arm as required by the *Women's Health and Cancer Rights Act of 1998*.

Benefits also include speech aid devices and tracheo-esophageal voice devices required for treatment of severe speech impediment or lack of speech directly due to Sickness or Injury. Benefits for the purchase of these devices are available only after completing a required three-month rental period. Benefits are limited as stated in the *Schedule of Benefits*.

Orthotics

Orthotic braces, including needed changes to shoes to fit braces. **Benefits include ankle-foot and knee-ankle-foot orthotic braces and supplies.** Braces that stabilize an injured body part and braces to treat curvature of the spine are a Covered Health Care Service.

We will decide if the equipment should be purchased or rented.

Benefits are available for repairs and replacement, except as described in Section 2: Exclusions and Limitations, under Medical Supplies and Equipment.

These Benefits apply to external DME. Unless otherwise excluded, items that are fully implanted into the body are a Covered Health Care Service for which Benefits are available under the applicable medical/surgical Covered Health Care Service categories in this *Certificate*.

Section 2: Exclusions and Limitations

The exclusion for shoe orthotics in the Certificate under Section 2: Exclusions and Limitations, F. Foot Care is deleted.

Contract Issuance: Include Effective Date only if Amendment is to be mailed separate from the COC. Do not include effective date when amendment is issued as part of the COC.

[Effective Date of this Amendment: _____]

(Name and Title)

State:	District of Columbia	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other		
Product Name:	Wiley Rein CSF		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	Flesch Certification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV.SBN19.AMD.CROSS-ACCUM.I.2018.DC.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter 12/16/19
Comments:	
Attachment(s):	Cover Letter 12.16.19.pdf
Item Status:	
Status Date:	

**UnitedHealthcare Insurance Company
Hartford, Connecticut
NAIC #79413**

CERTIFICATION OF COMPLIANCE/READABILITY

This is to certify that the accompanying forms comply with your state's readability requirements:

A. Option Selected

The forms are scored separately for the Flesch reading ease test. Scores are indicated below.

<u>Form Number</u>	<u>Flesch Score</u>
SBN19.AMD.CROSS-ACCUM.I.2018.DC	40.4
Orthotic Devices.AMD19.I.18.DC	40.9

B. Test Option Selected

Test was applied to each entire policy form.

C. Standards for Certification

A checked block indicates the standard has been achieved.

- | | |
|----------|---|
| <u>X</u> | 1. The form text achieves a minimum score of 40 on the Flesch reading ease test in accordance with the option chosen in Section A above. |
| <u>X</u> | 2. It is printed in not less than ten point type, one point leaded. |
| <u>X</u> | 3. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the text of the policy or to any endorsements or riders. |
| <u>X</u> | 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text, if the policy has more than three thousand words printed on three or fewer pages of text, or if the policy has more than three pages regardless of the number of words. |
| <u>X</u> | 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the forms. |

Date: 12/13/2019



Jessica Zuba, Assistant Secretary

UnitedHealthcare Insurance Company

Statement of Variability for Cross Accumulation Amendment (Form No. SBN19.AMD.CROSS- ACCUM.I.2018.DC)

General Variable Information

When text is bracketed, the bracketed area will either be included in its entirety or removed in its entirety as determined by the plan design selected by the Group.

The *Schedule of Benefits* contains various numerical ranges. The numbers used in each Schedule of Benefits will be determined by the plan design the Group selects. The ranges indicate the lowest and highest values and allow any value in between the lowest and highest to be used depending on the plan design the Group selects.

The appropriate effective date will be included.

Specific Variable Information

The following table provides a description of how and/or when each variable in the *Schedule of Benefits* will be used.

Page Number(s)	Subsection Title	Variable Use
1-3	Payment Term and Description column - <i>Annual Deductible</i>	Included when the plan design selected: ^[1] Only applies the Annual Deductible to Non-Network Benefits. ^[2] Includes an <i>Outpatient Prescription Drug Rider</i> and the Annual Deductible applies to any combination of medical and prescription drug Benefits. ^[3] Includes an <i>Outpatient Prescription Drug Rider</i> and the <i>Outpatient Prescription Drug Rider</i> includes separate Copayments for preventive medications and the Annual Deductible does not apply to preventive medications. ^[4] Includes an <i>Outpatient Prescription Drug Rider</i> and the Annual Deductible does not apply to insulin, diabetic supplies, or both. Modify to address which are not subject to payment of the annual deductible. ^[5] Outpatient Prescription Drug Rider is sold and when the annual deductible does not apply to specific tiers for either all prescription drug products, or all prescription drug products except for specialty prescription drug products. ^[6] Outpatient Prescription Drug Rider is sold and when the annual deductible does not apply to specific tiers for specialty prescription drug products. Does not apply when option 5 above includes specialty prescription drug products. ^[7] Includes an <i>Outpatient Prescription Drug Rider</i> , and there is a deductible for designated and/or network benefits and the network and non-network amounts apply to the designated network and network annual deductible.

		<p>^[8] Include when Designated Network Benefits apply to any benefit category</p> <p>^[9] Include when Day/visit limits are reduced by the number of days/visit used toward meeting the deductible.</p> <p>^[10] Includes a carry-over provision.</p> <p>^[11] Includes a roll-over provision in any circumstance.</p> <p>^[12] Include when roll-over provision applies only to groups changing from calendar to policy year.</p> <p>^[13] Include when roll-over applies only to the individual deductible.</p> <p>^[14] Include only when a per occurrence deductible applies.</p>
3-6	<p>Payment Term and Description column -</p> <p><i>Out-of-Pocket Maximum</i></p>	<p>Out-of-pocket maximum is plan design variable.</p> <p>Included when the plan design selected:</p> <ul style="list-style-type: none"> • ^[1] Includes the annual deductible. • ^[2] Includes the per occurrence deductible. • ^[3] Includes copayments. • ^[4] Includes <i>Outpatient Prescription Drug Rider</i> and the OOPM applies to any combination of medical and RX benefits. • ^[5] Includes <i>Outpatient Prescription Drug Rider</i>, the OOPM applies to designated and/or network benefits and the network and non-network amounts paid under the RX rider apply to the designated network and/or network OOPM. • ^[6] Include when Designated Network Benefits apply to any benefit category. • ^[7] Include when plan design does not apply all copayments/coinsurance to the OOPM. • ^[8] Include bullet if prior authorization requirements apply to any benefit category in the Schedule of Benefits table and if the plan design supports not applying penalties to the OOPM. • ^[9] Include when an Outpatient Prescription Drug Rider is sold and copayments/coinsurance do not apply to the overall OOPM.



December 16, 2019

Department of Insurance, Securities and Banking
Government of the District of Columbia
1050 First Street, N.E. Suite 801
Washington, D.C. 20002

Re: UnitedHealthcare Insurance Company
NAIC No. 79413
Form Nos. SBN19.AMD.CROSS-ACCUM.I.2018.DC
Orthotic Devices.AMD19.I.18.DC

Dear Sir/Madam:

On behalf of UnitedHealthcare Insurance Company, I am submitting the enclosed Amendments for your Department's review and approval.

These Amendments will be used in conjunction with our approved 2018 COC series, approved under SERFF tracking number UHLC-131238944, and subsequently revised/approved under SERFF tracking number UHLC-131681244.

The required statement of variability, as well as the required readability certification, are included with this submission.

If you have any questions or concerns regarding this submission, please feel free to call me at the number shown below.

Sincerely,

Esther Drew

Esther Drew
Northeast Regulatory Affairs
UnitedHealthcare Insurance Company
4 Research Dr.
Shelton, CT 06484
Email: Esther_L_Drew@uhc.com
Phone: 203-447-4465